Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Josie's Ohana	**CHAPTER 100.1**
Address: **1388 Haloa Drive Honolulu, Hawaii 96818**	**Inspection Date: April 18, 2019 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** PCG, SCG#1, SCG#2, SCG#3, HHM#1, HHM#2, HHM#3, & HHM#4 – No documented evidence of initial (i.e. positive tuberculosis skin test (TST) history with subsequent negative chest x-ray OR negative 2-step history) tuberculosis clearances.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Medications ordered 12/20/18. Not listed on Medication Administration Record (MAR) for the months of 12/2018 through 4/18/19. No discontinuation orders: • Acetaminophen give 650mg by mouth every 4 hours as needed for mild pain/discomfort • Dulcolax Suppository insert 10mg rectally as needed for constipation if no CM for 3 days or if Sorbitol ineffective • Razadyne give 4mg by mouth one time a day with breakfast • Sorbitol Solution 70% give 30ml by mouth as needed for constipation • Tamulosin HCl give 0.4mg by mouth one time a day	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – Resident's refusal of medications not regularly recorded on MAR for months of 1/2019 through 4/18/19.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Documentation of primary care giver's assessment of resident upon admission; **FINDINGS** Resident #1 – No PCG Admission assessment/Plan of Care.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 – No documentation regarding treatments requiring ongoing tracking by PCG for the months of 12/2018 through 4/18/19: • "Accuchecks BID" ordered 12/20/18 • "Change position every 2 hours if unable to do so by self" noted in RN Case Management Care plan • "Metoprolol tartrate 25mg by mouth two times a day with breakfast and dinner. Hold if SBP less then or equal to 120mm/hg or heart rate less than or equal to 55bpm".	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____